


I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the 7th day of February, 2002.

By


(Signature of person mailing)
ROY F. WALDRON

(Typed or printed name of person)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: R. S. Obach :

APPLICATION NO.: 09/528,798 : Examiner: S. Jiang

FILING DATE: March 21, 2000 : Group Art Unit: 1617

TITLE: USE OF CYP2D6 INHIBITORS IN :
COMBINATION THERAPIES :

Commissioner for Patents
Washington, D.C. 20231

Sir:

TRANSMITTAL LETTER

Transmitted herewith is [X] a Response and Amendment; [X] Petition for Extension of Time; in the above-identified application.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	Additional Fee
Total Claims	3*	minus	22 **	= 0	X \$18.00	0
Independent Claims	1*	minus	3 ***	= 0	X \$78.00	0
<input type="checkbox"/> Multiple Dependent Claim(s) fee						\$260.00 0
						TOTAL= 0

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

** If the "Highest No. Previously Paid for" is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid for" is less than 3, write "3" in this space.

☒ No additional fee is required.


Attorney Docket No. PC10244A

- ☒ A Petition for Extension of Time for responding within three month(s) of the response date is also enclosed. The Commissioner is authorized to charge the fee pursuant to 37 C.F.R. § 1.17(a)(3) in the amount of \$ 920.00. Two copies of this paper are enclosed.
- ☐ Please charge Deposit Account No. 16-1445 in the amount of \$ _____. Two copies of this paper are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required under 37 C.F.R. §§1.16 and 1.17, or credit any overpayment, to Deposit Account No. 16-1445. Two copies of this paper are enclosed.

Respectfully submitted,

Date:

2/1/2002



Roy F. Waldron
Attorney for Applicants
Reg. No. 42,208

Pfizer, Inc
Patent Department, 20th Floor
235 East 42nd Street
New York, NY 10017-5755
(212) 733-5086

Pfizer MAILING REQUEST

PLEASE PRINT

ORIGINATED BY: **Dr. R. F. Waldron** DATE **2-7-02**
 BUILDING/FLOOR/STOP NO. **150-05-49** DEPT. CHG. NO. **88421** EXT. **35086**

SHIP TO: (Street Address and Phone # Required on Label))

COMMISSIONER FOR PATENTS
 WASHINGTON, D.C. 20231

FIRST CLASS

ZIP CODE

SHIP-TO-NUMBER: ()

(Phone contact required for all two-day or next-day deliveries.)

QUANTITY	COMPLETE DESCRIPTION
1	Env. - Legal documents. RE: PC10244A/RFW

☐ No Value ☐ Insure For \$ _____

Other (Please explain here)

International - Routing

☐ International Courier* ☐ Registered ☐ Air Mail
☐ Other - Explain *Customs forms will be provided by Shipping Dept. based on your complete description

Domestic Only - Routing

☒ First Class ☐ Insured ☐ Messenger
☐ Parcel Post (Third Class) ☐ Registered ☐ Truck
☐ Book Rate (Fourth Class) ☐ Certified ☐ UPS

Domestic Only - Priority Options

☐ Next Business Day ☐ AM ☐ PM
☐ Saturday Delivery Required
Not all areas are serviced. Call Ext. 7708 to confirm your destination.
☐ USPS Express Mail Next Day (For Post Office Boxes Only)
☐ Second Business Day
☐ U.S. Postal Service Priority Mail

SPECIAL SERVICES

☐ No Signature Required (Federal Express, Express Mail)
☐ Bill Recipient/Third Party; Account # _____
☐ Return Receipt (Certified, Registered, Express Mail, Priority Mail, Messenger)
☐ Proof of Delivery (Fed Ex, DHL, U.P.S.)
☐ Pick-up Only (Messenger or Truck)
☐ Delivery & Pick-up (Messenger or Truck)
☐ Hold at Messenger Center for Pre-Arranged Messenger/Courier Pickup
☐ Other Explain _____

8385-1 (12/95) 3B

PF-MSO-01

WALDRON 150-05-49

Pfizer Inc
 295 East 42nd Street
 New York, NY 10017-5755

88421

COMMISSIONER FOR PATENTS
 WASHINGTON, D.C. 20231

FIRST CLASS



Patent Department
New York Office - 150/05/49
Tel: (212) 733-5086 Fax: (212) 573-1939

FAX RECEIVED

MAR 19 2002

GROUP 1600

Facsimile Transmission

TO: EXAMINER S. JIANG
LOCATION: GROUP ART UNIT 1617
U.S. PATENT & TRADEMARK OFFICE
FACSIMILE TELEPHONE: (703) 308-4556
No. of Pages (including this page) 11
FROM: Roy F. Waldron
DEPARTMENT: Patents/New York
FACSIMILE TELEPHONE: (212) 573-1939
E-MAIL ADDRESS: roy.f.waldron@pfizer.com
DIRECT TELEPHONE: (212) 733-5086
Date and Time (New York): March 18, 2002

OFFICIAL

IN RE APPLICATION OF: R. S. OBACH :

APPLICATION SERIAL NO.: 09/528,978 : Examiner: S JIANG

FILING DATE: MARCH 21, 2000 : Group Art Unit: 1617

TITLE: USE OF CYP2D6 INHIBITORS IN
COMBINATION THERAPIES :

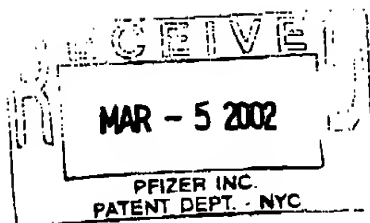
Attached:

AMENDMENT AND RESPONSE; PETITION FOR EXTENSION OF TIME;
TRANSMITTAL LETTER; POSTCARD (WITH DATE STAMP); PFIZER MAILING
REQUEST FORM (WITH DATE STAMP)

The documents attached hereto were filed February 7, 2002 with the incorrect application
Serial Number in the caption (09/528,798 instead of the correct number set forth above) and
were misdirected in the USPTO to another Examiner. The accompanying documents are
courtesy copies of those sent previously.

NOTICE OF CONFIDENTIALITY

This transmission is intended only for the use of the Addressee and may contain information that is: 1. Subject to attorney/client privilege; 2. Attorney work product; or 3. Confidential. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of the information contained in this facsimile is strictly unauthorized and prohibited. If you have received this facsimile in error, please notify us immediately by telephone call to the sender. Thank you.



FAX RECEIVED

MAR 19 2002

GROUP 1600

OFFICIAL

Date Mailed: 02/07/2002 Express Mail No. _____
Serial No. 09/528,798 Docket No. PC10244A By RFW:rhm
Application of R. S. OBACH Filing Date 03/21/2000
Entitled USE OF CYP2D6 INHIBITORS IN COMBINATION THERAPIES

The following, has been received in the United States Patent and Trademark Office on the date stamped hereon:

- | | |
|---|---|
| <input type="checkbox"/> Application Transmittal Type: | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Specification <i>pages</i> | <input type="checkbox"/> Brief (3 copies) |
| <input type="checkbox"/> Claims <i>pages</i> | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Abstract <i>pages</i> | <input type="checkbox"/> Fee Address Indication Form |
| <input type="checkbox"/> Drawing(s) <i>sheets</i> | <input type="checkbox"/> Certificate of Correction |
| <input type="checkbox"/> Declaration with Power of Attorney | <input checked="" type="checkbox"/> Petition for Extension of Time (2 copies) |
| <input type="checkbox"/> Priority Document | <input checked="" type="checkbox"/> Transmittal Letter (2 copies) |
| <input type="checkbox"/> Disclosure Statement | <input type="checkbox"/> Associate Power of Attorney |
| <input type="checkbox"/> Form PTO-FB-A820 (Citation List) | <input type="checkbox"/> Petition for Expedited Issuance for Foreign |
| <input type="checkbox"/> Sequence Submission (<input type="checkbox"/> Computer Readable Copy, | <input type="checkbox"/> Filing License |
| <input type="checkbox"/> Paper copy <input type="checkbox"/> Identity Statement) | <input type="checkbox"/> Assignment & Recordation Cover Sheet |
| <input type="checkbox"/> Copy of Notice to File Missing Parts, Cover Letter | |
| <input checked="" type="checkbox"/> Amendment and Response | |
| <input checked="" type="checkbox"/> Reply and Response | |



W
RFW
K
C

MAILING REQUEST		PLEASE PRINT	
ORIGINATED BY: Dr. R. F. Waldron		DATE 2-7-02	
BUILDING/FLOOR/STOP NO. 150-05-49	DEPT. CHG. NO. 88421	EXT. 35086	
SHIP TO: (Street Address and Phone # Required on Label)			
COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231			
FIRST CLASS ZIP CODE			
SHIP-TO-NUMBER: () (Phone contact required for all two-day or next-day deliveries.)			
QUANTITY	COMPLETE DESCRIPTION		
1	Env. - Legal documents. RE: PC10244A/RFW		
<input type="checkbox"/> No Value <input type="checkbox"/> Insure For \$ Other (Please explain here)			
FEB - 7 2002			
MSC/MAILING DES			
International - Routing			
<input type="checkbox"/> International Courier <input type="checkbox"/> Registered <input type="checkbox"/> Air Mail			
<input type="checkbox"/> Other - Explain *Customs forms will be provided by Shipping Dept. based on your complete description			
Domestic Only - Routing			
<input checked="" type="checkbox"/> First Class <input type="checkbox"/> Insured <input type="checkbox"/> Messenger			
<input type="checkbox"/> Parcel Post (Third Class) <input type="checkbox"/> Registered <input type="checkbox"/> Truck			
<input type="checkbox"/> Book Rate (Fourth Class) <input type="checkbox"/> Certified <input type="checkbox"/> UPS			
Domestic Only - Priority Options			
<input type="checkbox"/> Next Business Day <input type="checkbox"/> AM <input type="checkbox"/> PM			
<input type="checkbox"/> Saturday Delivery Required Not all areas are serviced. Call Ext. 7706 to confirm your destination.			
<input type="checkbox"/> USPS Express Mail Next Day (For Post Office Boxes Only)			
<input type="checkbox"/> Second Business Day			
<input type="checkbox"/> U.S. Postal Service Priority Mail			
SPECIAL SERVICES			
<input type="checkbox"/> No Signature Required (Federal Express, Express Mail)			
<input type="checkbox"/> Bill Recipient/Third Party Account #			
<input type="checkbox"/> Return Receipt (Certified, Registered, Express Mail, Priority Mail, Messenger)			
<input type="checkbox"/> Proof of Delivery (Fed Ex, DHL, U.P.S.)			
<input type="checkbox"/> Pick-up Only (Messenger or Truck)			
<input checked="" type="checkbox"/> Delivery & Pick-up (Messenger or Truck)			
<input type="checkbox"/> Hold at Messenger Center for Pre-Arranged Messenger/Courier Pickup			
<input type="checkbox"/> Other Explain			

8386-1 (12/06) 3B

PF-M30-01